

<div style="display: flex; justify-content: space-between; align-items: center;"> A CLAIMS ONLY </div>							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/735426</div>		Filing Date 			
Applicant(s)							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep	2						Indep					
Total	22						Total					
Depend	22						Depend					
Total	24						Total					
Claims							Claims					